

MISSISSIPPI DEPARTMENT OF EMPLOYMENT SECURITY

WORK SEARCH RECORD

Claimant Name: _____

Social Security Number: _____ - _____ - _____

Week of: ____/____/20____ (Sunday) to ____/____/20____ (Saturday)

MDES policy requires that you contact at least three (3) employers each week to inquire about job openings. If you called an employer, you should include the phone number; if visited in person, include an address; if you sent an e-mail or fax, include the email address or fax number; if you made an internet contact, give the web address. Be detailed and specific. Work search records should be submitted to MDES upon request.

DATE OF WORK SEARCH	NAME, ADDRESS, AND TELEPHONE NUMBER OF EMPLOYERS CONTACTED	CONTACT INFORMATION (Check/complete all that apply)	RESULTS (Indicate applicable result)
____/____/20____	EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ TELEPHONE NO.: (____) _____ - _____ NAME & TITLE OF PERSON CONTACTED: _____ _____	METHOD OF CONTACT: <input type="checkbox"/> In Person <input type="checkbox"/> E-Mail (provide e-mail address below) _____ <input type="checkbox"/> Online (provide web address below) _____ <input type="checkbox"/> Fax: (____) _____ - _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hired <input type="checkbox"/> Application Filed But Not Hired <input type="checkbox"/> Not Accepting Applications <input type="checkbox"/> Other: _____
____/____/20____	EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ TELEPHONE NO.: (____) _____ - _____ NAME & TITLE OF PERSON CONTACTED: _____ _____	METHOD OF CONTACT: <input type="checkbox"/> In Person <input type="checkbox"/> E-Mail (provide e-mail address below) _____ <input type="checkbox"/> Online (provide web address below) _____ <input type="checkbox"/> Fax: (____) _____ - _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hired <input type="checkbox"/> Application Filed But Not Hired <input type="checkbox"/> Not Accepting Applications <input type="checkbox"/> Other: _____
____/____/20____	EMPLOYER NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ TELEPHONE NO.: (____) _____ - _____ NAME & TITLE OF PERSON CONTACTED: _____ _____	METHOD OF CONTACT: <input type="checkbox"/> In Person <input type="checkbox"/> E-Mail (provide e-mail address below) _____ <input type="checkbox"/> Online (provide web address below) _____ <input type="checkbox"/> Fax: (____) _____ - _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hired <input type="checkbox"/> Application Filed But Not Hired <input type="checkbox"/> Not Accepting Applications <input type="checkbox"/> Other: _____